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<b>Inmate Death, Injury and Illness Notification and Procedures</b>	<b>ACA Standards: 2-CO-4E-01, 5-ACI-6C-02, 5-ACI-6C-16, 4-ACRS-4C-21, 4-ACRS-7D-15</b>		
<b>Scott Crow, Director Oklahoma Department of Corrections</b>	<b>Signature on File</b>		

## **Inmate Death, Injury and Illness Notification and Procedures**

### **I. Documentation of Inmate Death**

A health care provider, registered nurse (RN) or licensed practical nurse (LPN) will document all pertinent clinical information concerning an inmate’s death in accordance with accepted medical standards (Oklahoma’s Uniform Determination of Death Act, 63 O.S. § 3121.) in the electronic health record (EHR), in accordance with [OP-140106](#) entitled “Healthcare Record System.” An RN or LPN will document death using Nursing Protocol MSRM 140117.01.15.3 entitled “Inmate Death.”

In case of a suspicious or unexpected death, or apparent homicide or suicide, the death scene will not be disturbed more than is necessary except to perform resuscitation efforts if medically appropriate and/or to establish that death has occurred. Inmates found hanging may be cut down. Any disturbance of the scene will be reported to investigative personnel. The body will not be removed until authorization has been received from the office of Inspector General (OIG) agent or designee. Preservation of the crime/incident scene will be in accordance with [OP-040117](#) entitled “Investigations.”

### **II. Death Notification Process and Reporting, Mortality Reviews and Closing the Medical Record**

A licensed physician, nurse practitioner, physician's assistant, or emergency

medical services (EMS) representative will confirm an inmate's death prior to the initiation of any death notifications.

A. Notification Process (2-CO-4E-01, 5-ACI-6C-16, 4-ACRS-7D-15)

1. Health care staff who become aware of an inmate death will immediately notify the facility head or designee and the correctional health services administrator (CHSA). The CHSA will notify the medical services administrator (MSA). The MSA will notify the chief medical officer (CMO).
2. The office of the Chief Medical Examiner (OCME) of the State of Oklahoma will be notified in every case of the death of an inmate, whether such death occurs in the facility, in a hospital, or in transport by medical staff. The OCME representative will determine whether an autopsy, external examination, and/or medical records will be reviewed to determine cause and manner of death. If requested, a copy of the inmate's EHR will be submitted to the OCME. Under no circumstance will any Oklahoma Department of Corrections (ODOC) employee or private prison employee provide unsubstantiated information (i.e., rumors) to the OCME or to any other person.
3. All inmate deaths will be immediately reported in accordance with [OP-050108](#) entitled "Use of Force Standards and Reportable Incidents."

B. Death Reports

1. The CHSA or designee will complete the "Inmate Death Report" ([DOC 140111A](#), attached/EHR) and send a notification email of completion to the MSA or designee, within three working days of the death. A copy of this report will be maintained in the facility medical unit and serve as the facility's death log.
2. The MSA or designee will prepare a memorandum within one week of notification to the CMO, which will include any pertinent information concerning the inmate's death. The memorandum will not contain protected health information. The original memorandum will be sent to the agency director with copies sent to the following individuals:
  - a. Inspector General;
  - b. General Counsel;
  - c. Oklahoma Attorney General;
  - d. Business Services coordinator responsible for bills/payment for deceased inmate;

- e. Lindsay Municipal Hospital, if inmate died at their hospital; and
  - f. Warden and CHSA at the Jackie Brannon Correctional Center (JBCC), if the inmate is to be buried at the cemetery located at JBCC.
3. The MSA or designee will prepare and maintain an individual death file on each inmate death. The death file will include, but is not limited to:
    - a. Any death reports or memoranda generated by health care and/or correctional staff; and
    - b. Copy of the "Report of Investigation by Medical Examiner."

C. Mortality Reviews

1. A primary mortality review will be conducted on each inmate death, excluding executions, within 30 calendar days of the death.
  - a. The mortality review may be conducted by medical administrative staff and/or by an outside independent professional review organization.
  - b. The CMO will select the individuals and/or organization that will be responsible for conducting the mortality reviews.
  - c. The case will be reviewed to determine if there were any policy or procedural violations.
2. In some cases, there may be extenuating circumstances to prevent the completion of the review within the 30 day timeframe. Extenuating circumstances can include, but are not limited to:
  - a. Final findings from the medical examiner are not available, if autopsy was performed;
  - b. Requests for additional information from provider or other source; and
  - c. Any other reason as approved by the CMO.
3. The CMO or designee will examine every mortality review.
4. A secondary mortality review will be conducted on each inmate death when a significant quality concern is discovered during the primary review.

- a. The CMO will appoint a regional physician to conduct the secondary review. The regional physician will convene a Mortality Review Committee, comprised of at least four clinicians, and they will prepare a written summary report of the committee's findings and conclusions.
  - b. The chief mental health officer (CMHO) will appoint one or more qualified mental health professionals to serve on the secondary review committee, when the manner of death involves a suicide.
  - c. The scope of the committee's review, including the outcome categories assigned, will be in accordance with [OP-140142](#) entitled "Peer Review."
5. The CMHO will examine every mortality review that involves a suicide.
  6. Copies of all confidential mortality review reports, including any subsequent responses prepared during the review process, will be disseminated to the appropriate medical and/or mental health staff member(s), and if requested, to the OIG and the general counsel. Confidential mortality peer review information is protected under 63 O.S. § 1-1709.

D. Closing the Medical Record

1. The deceased inmate's EHR will be converted to "inactive status" in the Offender Management System (OMS).
2. The CMO or designee will obtain a copy of the deceased inmate's "Report of Investigation by Medical Examiner."
  - a. Once obtained, the report will be scanned into the inmate's EHR. A copy of the report will be included in the individual inmate death file maintained by the MSA or designee as outlined in this procedure.
  - b. A second copy will be submitted to the CHSA at the deceased inmate's medical host facility.
  - c. A third copy of the report will be sent to the records officer at the deceased inmate's facility for inclusion in his/her classification record.
  - d. A fourth copy will be sent to the appropriate division administrator for inclusion into their serious incident file.

III. Designated Emergency Contact Notification for an Inmate Death, Serious Illness

or Injury (5-ACI-6C-02, 4-ACRS-4C-21)

A. Death

Upon an inmate death, the facility head or designee will notify the inmate's emergency contact as designated on the "Adjustment Review" ([DOC 060203A](#)). The facility head or designee will designate the individual responsible for the notification. Telephone or another rapid form of communication will be used to notify the designated emergency contact.

B. Serious Illness or Injury

1. If an inmate becomes seriously ill or injured, the appropriate CHSA or designee will immediately notify the shift supervisor, facility head and MSA. The MSA will then notify the CMO.
2. The CHSA or designee will notify the inmate's designated emergency contact as soon as possible following a serious illness or injury, in accordance with [OP-140108](#) entitled "Privacy of Protected Health Information." Documentation of the notification will be included in the inmate's EHR.

IV. Inmate Burials

A. Remains Claimed

1. The CHSA or designee will notify the deceased inmate's emergency contact as designated in the EHR, as soon as possible upon release of the body by the OCME, to offer the emergency contact an opportunity to claim the remains. If the deceased inmate's emergency contact claims their remains, ODOC's financial obligation is terminated and the burial expenses become the sole responsibility of the emergency contact. Should the person identified as the emergency contact fail to claim the remains, another person may claim their remains as determined by the OCME, hospital or funeral home. All attempts to contact the emergency contact will be documented in the inmate's EHR.

B. Remains Unclaimed

1. The deceased inmate's unclaimed remains may be donated in accordance with [OP-140138](#) entitled "Inmate Living Will/Advance Directive for Health Care and Do Not Resuscitate (DNR) Consent."
2. The CHSA or designee will review the deceased inmate's medical record to ensure that their remains are released in accordance with their advance medical directive. The deceased inmate's advance directive must be clearly stated on the "Living Will/Advance Directive for Health Care" form ([DOC 140138A](#)).

3. The CHSA or designee from the host facility will notify the inmate's facility head or designee after the disposition arrangements have been finalized.
4. If the deceased inmate's remains are not donated or remain unclaimed, the remains will be cremated by the agency's contracted cremation facility. The CHSA or designee from the host facility will be responsible for contacting the cremation facility. The cremation facility will transport the deceased inmate's remains from the host facility, OCME office, or hospital.
5. The host facility's CHSA or designee will complete the "Certificate of Death Information Report" form ([DOC 140111C](#), attached), the Application Section of the "Application and Permit for Disposal of Human Remains" form ([OCME FORM](#)), and the "Authorization for Cremation and Disposition" form ([DOC 140111B](#), attached). The "Application and Permit for Disposal of Human Remains" form can also be obtained from the cremation facility. All three completed forms will be sent to the cremation facility via fax and scanned into the EHR.
6. The ME will initiate a "Certificate of Death" form (VS-154) and will send it to the contracted cremation facility for completion. The cremation facility will complete the relevant sections of the "Certificate of Death" form and mail it to the Vital Statistics Division at the Oklahoma State Department of Health.
7. Following cremation, the emergency contact or other relative may claim the residue of the remains from JBCC within 30 calendar days of receipt of the remains. The individual claiming the remains may be responsible for the cremation expenses, if not previously paid for by the inmate's offender banking account pursuant to [OP-120230](#) entitled "Offender Banking System." If the emergency contact or other relative declines to claim the residue of the remains, the agency chaplain will be responsible for collecting the residue of remains and delivering to JBCC for burial. Annually, the agency chaplain will establish collection dates with the cremation facility. At a minimum, collection of cremains will occur once every 90 days.
8. JBCC will develop local procedures for disposition of the residue of the remains, and will also conduct a memorial service. The medical services unit at JBCC will ensure that a proper burial container is provided for burial.
9. All graves will be identified with a marker. JBCC will be responsible for purchasing the grave markers.

C. Maintenance of the JBCC Cemetery

The warden at JBCC will be responsible for maintaining the cemetery in a well-manicured, litter and debris-free state at all times.

V. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-040117 entitled "Investigations"

OP-050108 entitled "Use of Force Standards and Reportable Incidents"

OP-120230 entitled "Offender Banking System"

OP-140106 entitled "Healthcare Record System"

OP-140108 entitled "Privacy of Protected Health Information"

OP-140138 entitled "Inmate Living Will/Advance Directive for Health Care and Do Not Resuscitate (DNR) Consent"

OP-140142 entitled "Peer Review"

Robinson v. Maynard, 857 p. 2d 817 (Okla. App. 1992);

63 O.S. § 91 through 63 O.S. § 98.1

63 O.S. § 92

63 O.S. § 938,

63 O.S. § 940,

63 O.S. § 941

63 O.S. § 1-1709.

63 O.S. § 3121.

VI. Action

Jackie Brannon Correctional Center will be responsible for the development of local procedures.

The chief medical officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140111 entitled "Inmate Death, Injury and Illness Notification and Procedures" dated December 28, 2020

Deleted: OP-140111 Revision-01 dated August 31, 2021

Distribution: Policy and Operations Manual  
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140111A</a>	"Inmate Death Report"	Attached
<a href="#">DOC 140111B</a>	"Authorization for Cremation and Disposition"	Attached
<a href="#">DOC 140111C</a>	"Certificate of Death Information Report"	Attached
<a href="#">DOC 060203A</a>	"Adjustment Review"	<a href="#">OP-060203</a>
<a href="#">DOC 140138A</a>	"Living Will/Advance Directive for Health Care"	<a href="#">OP-140138</a>
<a href="#">MRSM 140117.01.15.3</a>	"Inmate Death"	<a href="#">MRSM 140117.01</a>
<a href="#">OCME Form</a>	"Application and Permit for Disposal of Human Remains"	<a href="#">OCME</a>